## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** 1" AMENDMENT 2 AMENDMENT 1st amendment 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP IND. DEP. IND. DEP. 74 76 TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL TOTAL CLAIMS

CLAIMS

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